

LINCOLN. (R.P.) *ssy*¹⁰

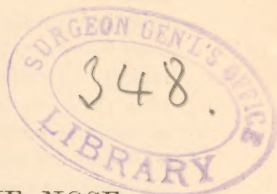
A Case of Melano-Sarcoma of
the Nose cured by Gal-
vano-Cauterization.

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NEW YORK.

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A CASE OF
MELANO-SARCOMA OF THE NOSE
CURED BY GALVANO-CAUTERIZATION.*

By R. P. LINCOLN, M. D.,

NEW YORK.

IN November, 1884, Mrs. L. presented herself for consultation, and supplied the following history :

In August, 1882, she first noticed an obstruction to free respiration in the right nostril, and about the same time was annoyed by a continual muco-purulent, blood-stained discharge from the same nostril. There was also matter of a similar appearance which was expectorated, and which evidently came from the posterior nares.

Her general health at this time was good, and there was little or no pain.

It was not till the following winter that this nostril became completely occluded, when operative interference was decided upon.

Dr. D. Hayes Agnew, of Philadelphia, removed the growth April 2, 1883. After a microscopic examination, he announced its character as "cancerous." After a period of about two months a repetition of the former symptoms manifested themselves; these continued to increase until November following, when Dr. Agnew repeated his first operation.

A few months of uncertainty succeeded the second opera-

* Read before the American Laryngological Association, June 25, 1885.

tion, but frequently recurring hæmorrhages and renewed difficulty in breathing gave assurance of a recurrence of the tumor until February, 1884, when the growth seemed to increase very rapidly. At this time the patient placed herself under the care of a physician in Rome, in this State, a man of much repute among the people, who used, in the words of the patient, "plasters and pastes" for about two months, when he confessed his inability to remove the trouble. Notwithstanding this treatment, the tumor continued to grow.

On examining the patient, I found the right side of the nose, extending well up to the inner canthus of the eye of the corresponding side, enlarged, the fullness amounting to about four times the size of the left side of the nose.

The lower half of its ala was wanting, the remaining border being puckered, somewhat contracted, and of a purple color, which gradually faded until the integument was of normal appearance half way up this side of the nose. There protruded from this nostril, about half an inch, a dark-colored, fleshy mass completely filling it; this was attached to the outer margin of the nostril as well as to its floor. A plum-colored discharge was constantly flowing from the nostril, and the lightest touch of the mass with a probe was followed by dark grumous blood. A further careful exploration showed the tumor to grow from the lower and middle turbinated bones, and from the floor of the nostril for a distance of two inches and a half. The septum was free.

A rhinoscopic examination disclosed the tumor protruding into the post-nasal cavity and occupying about half of it. I proposed a removal of the growth with the galvano-cautery *écraseur* and a subsequent cauterization of points of attachments as offering the best chance of relief.

November 18, 1884, the patient submitted to operation, Dr. Delavan and Dr. Goodwillie being present and kindly giving their assistance. The patient being etherized, I passed the platinum-wire loop of the galvano-cautery *écraseur* about the tumor at its attachments and thus separated it.

Immediately afterward the seat of the growth was thoroughly cauterized. The loss of blood was inconsiderable. For

a week after the operation a solution of bicarbonate of sodium and carbolic acid was injected into the nostril many times a day; after this an ointment containing two grains of iodoform to an ounce of vaseline was applied to the healing surface three times a day.

Two weeks after the operation the patient was permitted to go to her home in Pennsylvania, with no diseased point discoverable and with perfectly free respiration through the nostril.

May 27, 1885.—The patient returned at intervals of one or two months, the last time on this date, for observation. No further treatment has been necessary, as the parts are perfectly healthy. The integument, formerly discolored, has assumed a normal appearance. The remaining deformity is hardly noticeable, far less than the most hopeful would have expected.

I present herewith a specimen of the tumor mounted for microscopic examination, together with a report of the microscopic appearance, both of which were made by my friend Dr. Frank Ferguson.

His report I quote :

“The cut surface is dark, with small areas of dark gray and flesh-colored tissue. Under the microscope the portion of the tumor which is flesh-colored is composed of round and ovoid cells of medium size. The cells are close to each other and distinctly nucleated. The darker portions of the tumor are hæmorrhages. The areas of dark gray are composed of large flat cells deeply pigmented. The cells are supported by a stroma of fibrillated and granular material. There are numerous large vessels seen throughout the tumor, some of them with thick walls; also a few gland-ducts, probably the remains of glands belonging to the tissue in which the growth originated.

“There are numerous hæmorrhages throughout the entire tumor, in some places large, in other places punctate. Prognosis *grave*.”

Note.—Information received from the patient October 1st showed that there were no indications of a return of the disease.

